



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Human Services
DIVISION OF MEDICAL SERVICES
600 New London Avenue
Cranston, Rhode Island 02920

RELEASE OF INFORMATION AUTHORIZATION

Instructions to Applicant:

Please complete Section I and return with the Application to the above address.
If you are married, both you and your spouse must sign the form.

I. NAME _____
ADDRESS _____
SOCIAL SECURITY NUMBER _____
SPOUSE'S SOCIAL SECURITY NUMBER _____

I HEREBY AUTHORIZE THE RHODE ISLAND DIVISION OF TAXATION TO RELEASE MY ADJUSTED
GROSS INCOME AND NUMBER OF EXEMPTIONS TO THE RHODE ISLAND DEPARTMENT OF HUMAN
SERVICES.

(Date)

Signature (Applicant)

Signature (Spouse)

II. (To be completed by the Rhode Island Division of Taxation)

NAME (Applicant) _____ SS# _____
NAME (Spouse) _____ SS# _____

ADJUSTED GROSS INCOME

NUMBER OF EXEMPTIONS

YEAR

(Date)

Authorized Signature